

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CULTURING NEURAL STEM CELLS**

the specification of which (check only one item below):

☒ is attached hereto.

☐ was filed as U.S. Patent Application Serial Number \_\_\_\_\_  
on \_\_\_\_\_, as amended on \_\_\_\_\_ (if applicable).

☐ was filed as a PCT international application number \_\_\_\_\_ on  
\_\_\_\_\_, as amended under PCT Article 19 on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

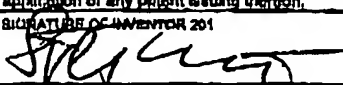

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

**PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:**

COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

US

Akerman Senterfitt

<b>COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY</b> <small>(Includes Reference to PCT International Applications)</small>		<b>ATTORNEY DOCKET NUMBER</b>  5853-372	
I hereby claim the benefit under 35 U.S.C. Sections 120 or 119(e) of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT International filing date of this application:			
<b>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. §120:</b>			
U.S. APPLICATIONS		STATUS (Check One)	
U.S. APPLICATION NUMBER	U.S. FILING DATE	PATENTED	ABANDONED
60/462,357	April 11, 2003	<input type="checkbox"/>	<input type="checkbox"/>
60/463,270	April 16, 2003	<input type="checkbox"/>	<input type="checkbox"/>
<b>PCT APPLICATIONS DESIGNATING THE U.S.</b>			
PCT APPLICATION NUMBER	PCT FILING DATE	U.S. SERIAL NUMBERS	
<b>POWER OF ATTORNEY:</b> As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.			
Send Correspondence to: "Customer Number 30448" Akerman Senterfitt P.O. Box 3188 West Palm Beach, FL 33402-3188		Direct Telephone Calls to: Gregory A. Nelson  (561) 653-5000	
201	<b>FULL NAME OF INVENTOR</b> Sverlov <b>RESIDENCE &amp; CITIZENSHIP</b> CITY Gainesville <b>MAILING ADDRESS</b> MAILING ADDRESS 9710 SW 55 Road	<b>FIRST GIVEN NAME</b> Stanislav <b>STATE OR COUNTRY</b> Florida, USA <b>CITY</b> Gainesville <b>STATE &amp; ZIP CODE/COUNTRY</b> Florida 32608, USA	<b>SECOND GIVEN NAME</b> Igorevich <b>COUNTRY OF CITIZENSHIP</b> Russia <b>STATE &amp; ZIP CODE/COUNTRY</b> Florida 32608, USA
202	<b>FULL NAME OF INVENTOR</b> Kulekov <b>RESIDENCE &amp; CITIZENSHIP</b> CITY Gainesville <b>MAILING ADDRESS</b> MAILING ADDRESS 5526 SW 93th Way	<b>FIRST GIVEN NAME</b> Valery <b>STATE OR COUNTRY</b> Florida, USA <b>CITY</b> Gainesville <b>STATE &amp; ZIP CODE/COUNTRY</b> Florida 32608, USA	<b>SECOND GIVEN NAME</b> Georgievich <b>COUNTRY OF CITIZENSHIP</b> Russia <b>STATE &amp; ZIP CODE/COUNTRY</b> Florida 32608, USA
203	<b>FULL NAME OF INVENTOR</b>  <b>RESIDENCE &amp; CITIZENSHIP</b> CITY  <b>MAILING ADDRESS</b> MAILING ADDRESS	<b>FIRST GIVEN NAME</b>  <b>STATE OR COUNTRY</b>  <b>CITY</b>  <b>STATE &amp; ZIP CODE/COUNTRY</b>  	<b>SECOND GIVEN NAME</b>  <b>COUNTRY OF CITIZENSHIP</b>  <b>STATE &amp; ZIP CODE/COUNTRY</b>  
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that those statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issuing thereon.			
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202	
			
DATE 4/09/04		DATE 4/09/04	
		DATE	